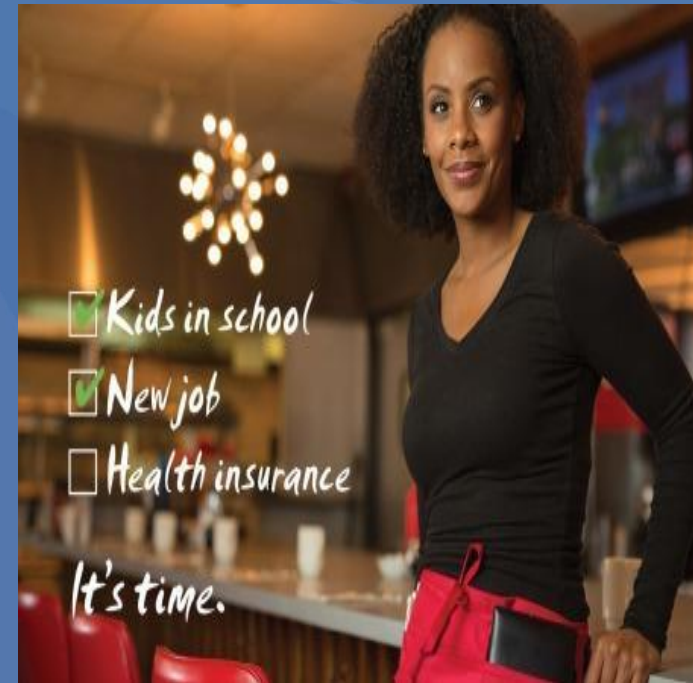


# Delaware's Health Insurance Marketplace: Update on Activities

Delaware Health Care Commission  
November 5, 2015

Secretary Rita Landgraf  
Department of Health and Social Services



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# Agenda

- National Updates:
  - 2014 Tax Returns
- Delaware Updates:
  - Open Enrollment Three (OE3)
  - Delaware's In-Person Assistors
  - Plan Management Update
  - Delaware SHOP Update
  - Employer Coverage Responsibility
- Other Business:
  - New Employer Notifications
  - 2017 Proposed QHP Standards
  - Eligibility Reminders
  - Key Dates

# National Updates

# 2014 Tax Returns

- IRS sent letters to taxpayers who received advance payments of the premium tax credit (APTCs) in 2014, but did not file their 2014 tax return
- These consumers will not be eligible for tax credits or cost-sharing reductions in 2016, and will be responsible for the full cost of their monthly premiums and all covered services. Paybacks are also a possibility for some or all of the 2014 APTCs.
- Consumers that filed their 2014 tax return along with the “Premium Tax Credit” Form 8962 within 30 days of the date of the IRS letter have substantially increased their chances of avoiding a gap in receiving financial help.
- Go to [www.irs.gov/aca](http://www.irs.gov/aca) for more information, or meet with a navigator or other assister.

# Delaware Updates

# Delaware Enrollment Details

- 2016 Open Enrollment began Nov. 1 and runs through Jan. 31, 2016.
- Policies for all current enrollees expire Dec. 31, regardless of when people enrolled.
- Current enrollees have until Dec. 15 to shop for a new plan. Otherwise, they will be auto-enrolled in the same plan or a similar one.
- For coverage to begin Jan. 1, Delawareans must enroll by Dec. 15.
- As of June 30, 23,163 Delawareans enrolled and had paid premiums.

# Financial Assistance



- In 2015, 84% of Delaware's enrollees received tax credits to help make their monthly premiums more affordable.
- Average tax credit = \$260/month.
- In 2015, 45% also received assistance paying out-of-pocket costs like deductibles, co-insurance, and copays.
- For 2016, tax credits available to individuals making up to \$47,000 a year; up to \$97,000 for a family of 4.



# Penalties for 2016

- If you don't have coverage in 2016, you will pay the higher of these two amounts:
  - \$695 per person (\$347.50 per child under 18)
  - 2.5% of your annual household income
- In addition, you also will pay any medical expenses you do incur.
- Penalty calculator available on [ChooseHealthDE.com](http://ChooseHealthDE.com).

**Calculate your penalty**

Not having health insurance is against the law. If you don't have it, you could pay a costly penalty\* that gets larger every year you don't have health insurance. Calculate what your penalty might be below.

**My adjusted gross income (AGI):**   
AGI is the amount you make each year that you use on your tax returns.

**My tax filing status:**

**My household size:**

**Age 18 and over:**  **Under age 18:**

**CALCULATE**

The penalty is the bad news. The good news is there are plans that are affordable. So why pay not to be covered? When you have insurance and pay your premiums, you can enjoy all these benefits at no additional out-of-pocket cost to you:

- Prescription drugs
- Outpatient care
- Emergency services
- Hospital services
- Blood work and lab services
- Routine shots and screenings
- Help with chronic diseases like diabetes
- Dental and vision care for your children



# Oct. 29 Kickoff Event



**Nancy Lemus of New Castle said she was afraid to shop for health insurance because she thought it would be unaffordable. “I know I need it. I need to be well to take care of my son.”**

- Kickoff event held at Absalom Jones Community Center in Belvedere, southwest of Wilmington, within one of 6 areas the State viewed as special opportunities because of lower Marketplace enrollment totals. The others:

- New Castle
- Smyrna
- Dover
- Georgetown
- Seaford

# Delaware's In-Person Assisters

- **Navigators:**
  - Chatman, LLC
  - Westside Family Healthcare
- **FQHCs:**
  - Westside Family Healthcare
  - Henrietta Johnson Medical Center
  - La Red Health Center
- **State-Contracted Assisters:** In addition to their Navigator designation, Chatman LLC and Westside Family Healthcare are undergoing non-competitive contracts to supplement their assister efforts. These assisters will focus outreach and assistance in targeted geographic areas.
- **Agents & Brokers:** Marketplace-certified insurance agents and brokers are available to assist individuals and employers with their enrollments.
- **Certified Application Counselors (CACs).**

**All assistance is available at no charge to the consumer.**

Find details online at [www.ChooseHealthDE.com](http://www.ChooseHealthDE.com)

# Marketing Campaign



- Theme of campaign based on a checklist of important things in life, with taglines “It’s time” and “You’re ready for affordable health insurance.”
- Billboards, print ads, digital, social media, radio, cable TV and grassroots marketing.
- Spanish-language marketing includes print, radio, digital and grassroots, with culturally competent messaging.

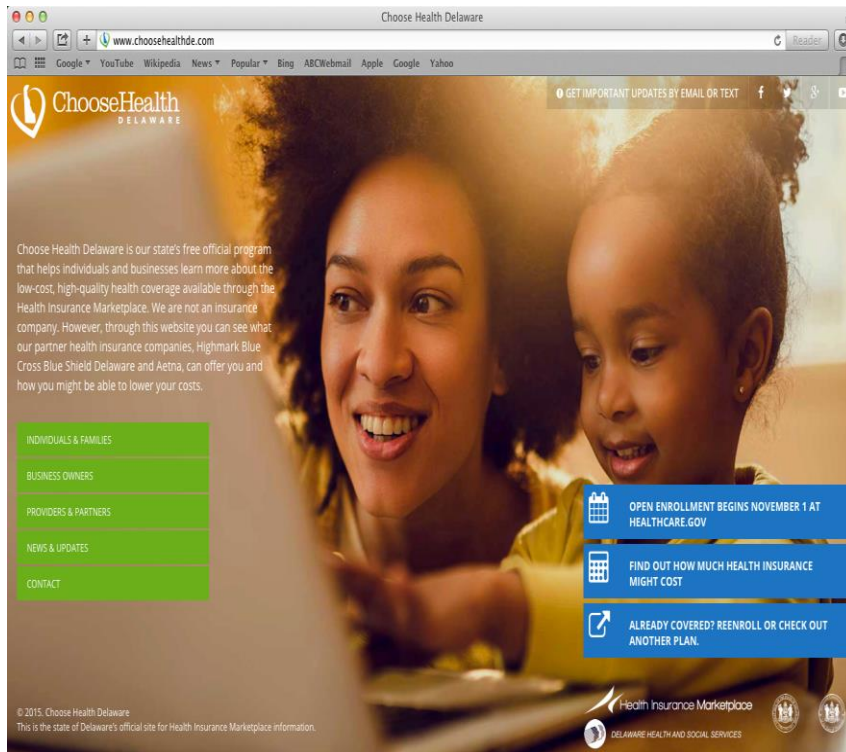
# Billboard

 *Health insurance*  
Sign up by January 31.

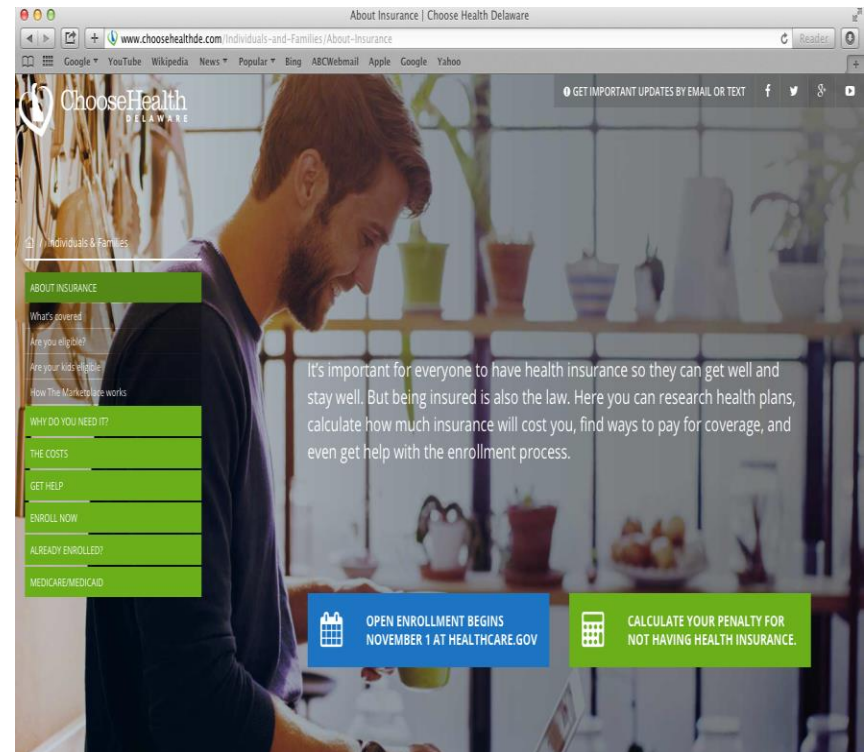
*It's time.*  ChooseHealthDE.com

# Updated ChooseHealthDE.com site

## Main Page



## Navigating Through Site





# ChooseHealthDE Commercials







# Plan Management Update



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# Medical QHPs for Plan Year 2016—More Choice for Delawareans

## Three Medical Issuers:

- Highmark BlueCross BlueShield Delaware, Inc.
- Aetna Health, Inc.
- Aetna Life Insurance Company

<b>Metal Level</b>	<b>Individual* 2016</b>	<b>Individual* 2015</b>	<b>SHOP 2016</b>	<b>SHOP 2015</b>
<b>Bronze</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>5</b>
<b>Silver</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>5</b>
<b>Gold</b>	<b>12</b>	<b>10</b>	<b>5</b>	<b>6</b>
<b>Platinum</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Catastrophic</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>29</b>	<b>25</b>	<b>15</b>	<b>16</b>

*\*Includes Multi-State Plans*

# Stand-alone Dental (SADP) QHPs for Plan Year 2016

- Four SADP Issuers have certified plans for Plan Year 2016
  - Delta Dental of Delaware, Inc.
  - Dentegra Insurance Company
  - Dominion Dental Services, Inc.
  - The Guardian Life Insurance Company of America

<b>Actuarial Level</b>	<b>Individual 2016</b>	<b>Individual 2015</b>	<b>SHOP 2016</b>	<b>SHOP 2015</b>
<b>Low (70%)</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>10</b>
<b>High (85%)</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>5</b>
<b>Total</b>	<b>12</b>	<b>11</b>	<b>9</b>	<b>15</b>

# 2016 QHPs in the Individual Marketplace- Cost Share

# Comparing Medical QHPs

Examples of Features Common to all Plans	Examples of Distinguishing Plan Features
<ul style="list-style-type: none"><li>✓ Coverage of Essential Health Benefits</li><li>✓ No cost sharing for preventive services</li><li>✓ Provider Networks that include essential community providers</li></ul>	<ul style="list-style-type: none"><li>✓ Actuarial value of plan (Bronze 60%/Silver 70%/Gold 80%/Platinum 90%)</li><li>✓ Mix of co-pays, co-insurance and deductibles</li><li>✓ Coverage of non-emergency benefits provided out of network</li></ul>

## Things to Consider When Choosing a Plan

- Are my preferred doctors, clinics and hospitals in the plan's network?
- Am I willing to assume higher out-of-pocket costs in exchange for lower monthly premiums?
- Did I qualify for reduced cost sharing? Then I need to pick a Silver plan to get that assistance.

# 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0400001	Major Events Blue EPO 6850	Catastrophic	\$202.73	\$6,850	\$13,700	\$6,850	\$13,700
76168DE0420001	Health Savings Embedded Blue EPO 6300 Rewards	Bronze	\$221.55	\$6,300	\$12,600	\$6,300	\$12,600
76168DE0410010	Shared Cost Blue EPO 6000	Bronze	\$235.82	\$6,000	\$12,000	\$6,850	\$13,700
76168DE0630001	HDHP Blue EPO 6850	Bronze	\$212.83	\$6,850	\$13,700	\$6,850	\$13,700
76168DE0410008	Shared Cost Blue EPO 3000	Silver	\$296.77	\$3,000-medical \$0-drug	\$6,000-medical \$0-drug	\$6,850	\$13,700
76168DE0420004	Health Savings Embedded Blue EPO 3400	Silver	\$276.78	\$3,400	\$6,800	\$3,400	\$6,800

# 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In-Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0410013	Shared Cost Blue EPO 4000	Silver	\$278.41	\$4,000-medical \$0-drug	\$8,000-medical \$0-drug	\$6,850	\$13,700
76168DE0640003	PCMH Blue EPO 2300	Silver	\$294.78	\$2,300-medical \$0-drug	\$4,600-medical \$0-drug	\$6,850	\$13,700
76168DE0640004	PCMH Blue EPO 2800	Silver	\$284.20	\$2,800-medical \$0-drug	\$5,600-medical \$0-drug	\$6,850	\$13,700
76168DE0410002	Shared Cost Blue EPO 0	Gold	\$350.99	\$0	\$0	\$6,000	\$12,000
76168DE0410012	Shared Cost Blue EPO 750	Gold	\$347.13	\$750 - medical \$0 - drug	\$1,500 - medical \$0 - drug	\$3,750	\$7,500
76168DE0410006	Shared Cost Blue EPO 1000	Gold	\$353.13	\$1,000-medical \$0-drug	\$2,000-medical \$0-drug	\$3,000	\$6,000





# 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Highmark BCBSD

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In-Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0410011	Shared Cost Blue EPO 1550	Gold	\$353.98	\$1,550 - medical \$0 - drug	\$3,100 - medical \$0 - drug	\$2,500	\$5,000
76168DE0420002	Health Savings Blue EPO 2000	Gold	\$334.73	\$2,000	\$4,000	\$2,000	\$4,000
76168DE0560001	Shared Cost Blue PPO 1500	Gold	\$348.42	\$1,500 - medical \$0 - drug	\$3,000 - medical \$0 - drug	\$3,500	\$7,000
76168DE0560002	Shared Cost Blue PPO 1800 Rewards	Gold	\$347.57	\$1,800 - medical \$0 - drug	\$3,600 - medical \$0 - drug	\$3,500	\$7,000
76168DE0640001	PCMH Blue EPO 900	Gold	\$356.83	\$900 - medical \$0 - drug	\$1,800 - medical \$0 - drug	\$2,700	\$5,400
76168DE0640002	PCMH Blue EPO 1200	Gold	\$336.37	\$1,200 - medical \$0 - drug	\$2,400 - medical \$0 - drug	\$3,750	\$7,500
76168DE0410004	Shared Cost Blue EPO 300	Platinum	\$421.59	\$300 - medical \$0 - drug	\$600 - medical \$0 - drug	\$1,300	\$2,600



# 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In- Network (for covered EHBs)	
				Individual	Family	Individual	Family
67190DE0080001	Aetna Bronze \$15 Copay HNOnly	Bronze	\$234.34	\$6,850	\$13,700	\$6,850	\$13,700
67190DE0080002	Aetna Bronze Deductible Only HSA Eligible HNOnly	Bronze	\$220.20	\$6,450	\$12,900	\$6,450	\$12,900
67190DE0080004	Aetna Silver \$10 Copay HNOnly	Silver	\$297.23	\$3,500 - medical \$500 - drug	\$7,000 - medical \$500 per person - drug	\$6,250	\$12,500
67190DE0080003	Aetna Gold \$10 Copay HNOnly	Gold	\$340.52	\$1,400 - medical \$250 - drug	\$2,800 - medical \$250 per person - drug	\$5,000	\$10,000

## 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: Individual Market – Aetna Life Insurance Company

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket In- Network (for covered EHBs)	
				Individual	Family	Individual	Family
29497DE0090001	Aetna Bronze \$15 Copay PPO	Bronze	\$242.44	\$6,850	\$13,700	\$6,850	\$13,700
29497DE0090002	Aetna Bronze Deductible Only HSA Eligible PPO	Bronze	\$227.81	\$6,450	\$12,900	\$6,450	\$12,900
29497DE0090004	Aetna Silver \$10 Copay PPO	Silver	\$307.49	\$3,500 - medical \$500 - drug	\$7,000 - medical \$500 per person - drug	\$6,250	\$12,500
29497DE0090003	Aetna Gold \$10 Copay PPO	Gold	\$352.22	\$1,400 - medical \$250 - drug	\$2,800 - medical \$250 per person - drug	\$5,000	\$10,000

# FPL Guidelines for Federal Marketplace Subsidies

## FPL Guidelines for determining federal subsidies through the Marketplace for PY2016\*

- Premium Tax Credit: 138-400%
- Cost Share Reduction for Out-of-Pocket Expenses: 138-250%

### Federal Poverty Level Guidelines for Determining Federal Subsidies\* through the Marketplace for Plan Year 2016

Family Size**	Federal Poverty Level					
	100%	138%	200%	250%	300%	400%
1	\$11,770	\$16,243	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,983	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$27,724	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$33,465	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$39,206	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$44,947	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$50,687	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,428	\$81,780	\$102,225	\$122,670	\$163,560

*\*Those whose income is below 138% FPL may be eligible for Medicaid/CHIP*

*\*\*For family units of more than 8 members, add \$4,160 for each additional member*

# Delaware Income Eligibility for Federal Subsidies through the Marketplace

Number of People in the Household						
	1	2	3	4	5	6
<p>You may qualify for <b>lower premiums</b> on a Marketplace plan if your yearly income is between...</p> <p><i>(see next row if your income is at the lower end of this range)</i></p>	<p>\$16,243-</p> <p>\$47,080</p>	<p>\$21,983-</p> <p>\$63,720</p>	<p>\$27,724-</p> <p>\$80,360</p>	<p>\$33,465-</p> <p>\$97,000</p>	<p>\$39,206-</p> <p>\$113,640</p>	<p>\$44,947-</p> <p>\$130,280</p>
<p>You may qualify for <b>lower premiums <u>AND</u> lower out-of-pocket costs</b> on a Marketplace plan if your yearly income is between...</p>	<p>\$16,243-</p> <p>\$29,425</p>	<p>\$21,983-</p> <p>\$39,825</p>	<p>\$27,724-</p> <p>\$50,225</p>	<p>\$33,465-</p> <p>\$60,625</p>	<p>\$39,206-</p> <p>\$71,025</p>	<p>\$44,947-</p> <p>\$81,425</p>

# Example of a Cost Share Variation in a Silver Plan

Example of cost share reductions reflected in plan variations of a single Silver-level QHP

Plan Name (Variation)	Deductible (Single/Family)	Copays			MOOP Single/Family
		PCP Visit	Specialist Visit	Generic Drugs (Tier1)	
Aetna Silver \$10 Copay HNOOnly (Standard)	Medical: \$3,750/\$7,500 Drug: \$500 pp/Not applicable	\$10	\$75	\$15	\$6,250/\$12,500
Aetna Silver \$10 Copay HNOOnly (73%)	Medical: \$3,000/\$6,000 Drug: \$500 pp/Not applicable	\$5	\$55	\$10	\$4,900/\$9,800
Aetna Silver \$10 Copay HNOOnly (87%)	Medical: \$1,000/\$2,000 Drug: \$0 pp/Not applicable	\$5	\$45	\$10	\$2,150/\$4,300
Aetna Silver \$10 Copay HNOOnly (94%)	Medical: \$0/\$0 Drug: \$0 pp/Not applicable	\$5	\$20	\$8	\$2,150/\$4,300

# Important Distinctions across Plan Types

## Plan Type-Network

- **HMO and EPO** plans have restricted networks that typically only pay for covered services when using In-Network providers.
- **PPO** plans also have a prescribed network, but also allow member to use Out-of-Network providers at a reduced coverage level.
- **PCMH** is a health care model that focuses on the coordination of a member's health care needs. PCMH indicates that the plan's network includes some primary care providers that meet the PCMH criteria for care coordination.
  - *Remember—All plans are required to cover Out-of-Network providers for emergency services.*

## Plan Type-Health Savings Account (HSA)

- **HSA** is a savings account used in conjunction with a high-deductible health insurance policy that allows users to save money tax-free against medical expenses.



# Make the Most of *Healthcare.gov* Plan Comparison Features

- There are a number of plans available in Delaware's Individual Marketplace and SHOP, each one different from another.
- Costs for those plans can also vary depending on eligibility for federal subsidies such as advanced tax credits and cost share reduction.
- Healthcare.gov will have comprehensive plan comparison features that will help consumers to look at all aspects of the plans to select the one that's right for them, including:
  - Links to plan details
  - Provider networks (doctors, dentists, hospitals, etc.)
  - Drug formulary lists—to ensure your medication is covered and at what cost share
  - Language assistance for non-English speakers

# Delaware SHOP Update



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# Refresher on SHOP

2016 SHOP	
What is it?	An online health insurance marketplace for Delaware small businesses and their employees.
Who is eligible?	Small businesses with fewer than 50 Full-Time Equivalent Employees (FTEs).
Why should businesses participate?	The Small Business Health Care Tax Credit is only available through SHOP.
Who has to offer coverage?	In 2016, any Delaware business with fewer than 50 FTEs is <u>not required</u> to offer insurance to employees.
How do businesses enroll?	Through SHOP's online enrollment portal on healthcare.gov.
When can businesses enroll?	Small employers and their employees can enroll in a SHOP qualified health plan (QHP) on a monthly basis throughout the year. Online enrollment will be in place on November 1, 2015.
Do businesses have other options?	<ul style="list-style-type: none"><li>• Private small group market</li><li>• Individual Health Insurance Marketplace</li></ul>

# Agents and Brokers in SHOP

- Agents and Brokers will continue to be a critical resource for small employers looking to enroll in small group coverage.
- The SHOP online enrollment portal will have a separate Agent/Broker portal, with the following features:
  - Searchable database of all DE Agents/Brokers registered to participate in SHOP;
  - Account management functions for the Agents and Brokers; and
  - Relationship management tools allowing employers to connect with an Agent/Broker.

**New this year**—Healthcare.gov has a separate Call Center unit to provide dedicated support for registered Agents and Brokers

# SHOP Reminders

- SHOP open enrollment began November 1<sup>st</sup> with full functionality.
- Employers can submit an application, finalize their 2016 coverage offer, and start the group's coverage as early as January 1, 2016.
- While the state does have a minimum participation rate of 70% for small group coverage, employers who enroll in SHOP coverage during the first month of Open Enrollment (November 1-30) do not have to meet this requirement.
- **Employers** are not restricted to the Open Enrollment Period, and **may enroll anytime throughout the year.**

# 2016 Qualified Health Plans to be offered in through SHOP



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## 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD Bronze Plans

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0500004	Shared Cost EPO Basic \$6000/90	Bronze	\$285.88	\$6,000	\$12,000	\$6,850	\$13,7000
76168DE0610002	Health Savings Embedded EPO HSA \$4750-90	Bronze	\$284.92	\$4,750	\$9,500	\$6,400	\$12,800
76168DE0610003	Health Savings Embedded EPO HSA \$6000-100	Bronze	\$286.36	\$6,000	\$12,000	\$6,000	\$12,000
76168DE0620001	HDHP Blue EPO \$6850	Bronze	\$276.32	\$6,850-medical \$0-drug	\$13,700-medical \$0-drug	\$6,850	\$13,700



## 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD Silver Plans

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0430002	Shared Cost EPO Basic \$2000/75	Silver	\$339.27	\$2,000-medical \$0-drug	\$4,000-medical \$0-drug	\$6,600	\$13,200
76168DE0590001	PCMH Blue PPO \$2500-100	Silver	\$363.88	\$2,500-medical \$0-drug	\$5,000-medical \$0-drug	\$6,800	\$13,600
76168DE0590003	PCMH Blue PPO \$3000-90	Silver	\$344.93	\$3,000-medical \$0-drug	\$6,000-medical \$0-drug	\$6,000	\$12,000
76168DE0610001	Health Savings Embedded EPO HSA Copay \$2750	Silver	\$339.76	\$2,750	\$5,500	\$4,500	\$9,000



## 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Highmark BCBSD Gold Plans

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
76168DE0430001	Shared Cost EPO Basic \$1000/75	Gold	\$406.34	\$1,000-medical \$0-drug	\$2,000-medical \$0-drug	\$3,000	\$6,000
76168DE0510011	Health Savings EPO HSA \$1850/100	Gold	\$399.62	\$1,850	\$3,700	\$1,850	\$3,700
76168DE0580001	PCMH Blue EPO \$750-100	Gold	\$429.05	\$750-medical \$0-drug	\$1,500-medical \$0-drug	\$3,500	\$7,000
76168DE0580002	PCMH Blue EPO \$1500-100	Gold	\$413.05	\$1,500-medical \$0-drug	\$3,000-medical \$0-drug	\$3,000	\$6,000



## 2016 QHPs with Deductibles/Maximum Out-of-Pocket Limits: SHOP – Aetna Health, Inc.

Plan ID	Plan Name	Metal Level	Individual Base Rate (Age 21) PMPM	Deductible In-Network		Maximum Out of Pocket in Network (for covered EHBs)	
				Individual	Family	Individual	Family
67190DE0060001	DE Bronze HNOption 5000 80/50 HSA	Bronze	\$218.92	\$5,000	\$10,000	\$6,450	\$12,900
67190DE0060003	DE Silver HNOption 3000 90/50	Silver	\$281.36	\$3,000	\$6,000	\$6,000	\$12,000
67190DE0060002	DE Gold HNOption 1500 80/50	Gold	\$355.30	\$1,500 - medical \$0 - drug	\$3,000 - medical \$0 - drug	\$3,000	\$6,000

# Employer Coverage Responsibilities for 2016



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# Year-over-Year Comparison of Marketplace QHPs

- The DOI recently posted on its website a year-over-year comparison of Marketplace premium rates for each QHP offered for Coverage Year 2016.
- Comparison tables, which present rates for all ages, are organized by
  - Plan type – medical or dental
  - Market – Individual and SHOP, and by
  - QHP Issuer
- Medical plans include separate comparisons for tobacco and non-tobacco rates.
- The tables provide a year-to-year comparison of the rates if the 2016 plan was also available on the Marketplace in 2014 and/or 2015.
- <http://delawareinsurance.gov/departments/rates/ratefilings.shtml>

# ACA Employer Shared Responsibility Provision: Requirements and Penalties for 2016

Employer Size	ACA Coverage Requirements	Penalty for Non-Compliance
Less than 50 FTE	<ul style="list-style-type: none"> <li>•Employer is NOT required to offer coverage to its employees.</li> </ul> <p><i>(Some may be eligible for a federal tax credit if the employer has less than 25 FTE with average annual wages of less than \$50K, <u>and</u> also covers at least 50% of full-time employees' premium costs.)</i></p>	Not applicable
50 or more FTE	<p>Employer is required to offer coverage that is affordable and has minimum value to 95% of its employees and their dependent children (up to age 26)**.</p> <ul style="list-style-type: none"> <li>•<u>Affordable</u> = employee contribution for premiums is less than 9.5% of household income</li> <li>•<u>Minimum value</u> = plan pays for 60% of total allowed costs</li> </ul>	<p><b>Per month:</b> the <u>lesser</u> of \$3,240 per FTE receiving Federal subsidy or \$2,160 per FTE (minus first 30 FTEs)</p>

\*\*Employers are **not** required to offer coverage to the spouse of a full-time employee.

\*\*\* IRS website provides Q&As regarding Employer Shared Responsibility provision:

<https://www.irs.gov/Affordable-Care-Act/Employers/Questions-and-Answers-on-Employer-Shared-Responsibility-Provisions-Under-the-Affordable-Care-Act>

# CMS Announces New Employer Notification

- On September 18<sup>th</sup>, CMS announced that the Marketplace will start notifying employers whose employees enrolled in Marketplace coverage with advance payments of the premium tax credit starting in 2016.
- The Marketplace employer notices are informational: they do not determine whether an employer has liability under the employer shared responsibility provision.
- For additional information, click here:  
<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Employer-Notice-FAQ-9-18-15.pdf>

# Other Business



# Proposed QHP Standards for Plan Year 2017

- The Workgroup reviewed the 2016 Qualified Health Plan Standards and came up with a list of recommended changes for the 2017 Standards:
  - Focused on consistent language with Statutes and Legislation
  - Incorporating healthcare reform initiatives through the State Innovation Model
  - Ensuring consumer protection and range of plan options

# Proposed QHP Standards for Plan Year 2017

- Next step; a formal 2 week Public Comment Period starts November 5, 2015 and runs through November 18, 2015.
- Your review/comments of the proposed 2017 QHP Standards must be submitted by email to [qhpstandards@choosehealthde.com](mailto:qhpstandards@choosehealthde.com) or by mail:

**Delaware Health Care Commission**  
**c/o Eschalla Clarke**  
410 Federal Street, 3<sup>rd</sup> Floor – Suite 7  
Dover Delaware 19901

- Input about the proposed Standards will be reviewed by the QHP Workgroup and presented to the December HCC Committee Meeting.
- QHP Standards for Plan Year 2017 will be finalized by the end of December.

# Eligibility Reminders

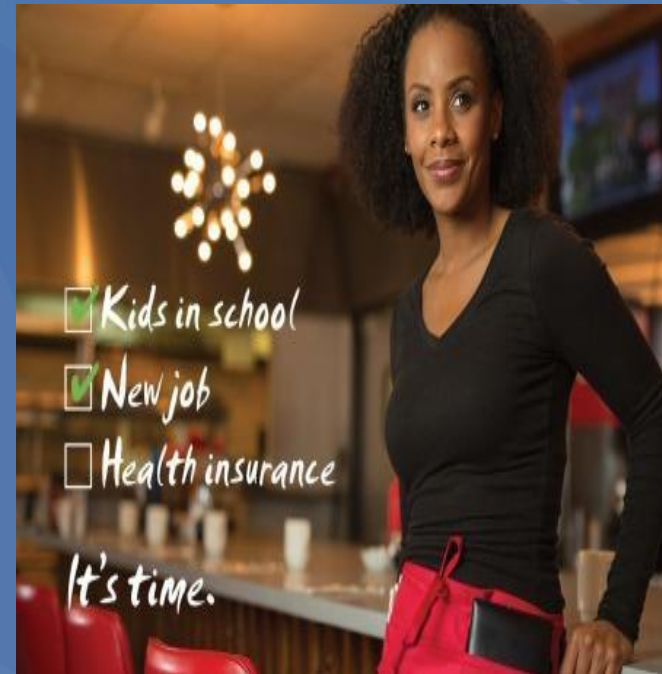
- Consumers who experience qualifying life events - for example, domestic violence eligibility, birth/adoption of a child, loss of minimum essential coverage, or aging out of parents' insurance at age 26 - may enroll outside of open enrollment.
- Enrollment assisters, certified application counselors, and agents and brokers are available to assist with enrollments outside of [healthcare.gov](https://healthcare.gov).
- Visit [www.ChooseHealthDE.com](https://www.ChooseHealthDE.com) to find assistance.
- Medicaid enrollment is open all year. Small businesses can enroll in SHOP anytime.

# Key Dates

Date	Milestone
December 15, 2015	Last day to enroll for coverage to begin Jan. 1
January 1, 2016	Insurance coverage begins for Plan Year 2016
January 15, 2016	Last day to enroll for coverage to begin Feb. 1
January 31, 2016	Open Enrollment ends for Plan Year 2016

# Questions/Comments

- Health Care Commission
- Public



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